BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

CLAIMS AS FILED - PART I											
			(Column 1)		(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS				7			RATE	FEE	7	RATE	FEE
FOR			NUMBER	NUMBER FILED		BER EXTRA	BASIC FE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			7 m	7. minus 20=		Ø	X\$ 9=	1	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*	0	X42=		OR	X84=	
М	JLTIPLE DEPE	NDENT CLAIM P	'RESENT	RESENT			+140=		1	+280=	
*	the difference	e in column 1 is	less than z	zero, enter	r "0" in	column 2	TOTAL		OR		100
	C	CLAIMS AS A	AMENDE	MENDED - PART II			IOIAL	<u></u>	OR	OTHER	THAN
			(Column :		(Column 3)	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AM	Independent FIRST PRESI	* ENTATION OF M	Minus	Minus *** TIPLE DEPENDENT		=	X42=		OR	X84=	
	7	LITTATION OF W	ULTIFILE DE	PENDEN	ULAIN		+140=		OR	+280=	
							TOTAL ADDIT, FEE			TOTAL	
		(Column 1)		(Colum		(Column 3)	AUDII, FEE		. ,	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent * FIRST PRESENTATION OF MU		Minus			=	X42=		OR	X84=	
لــــا	1 1101 11120	INTANON OF MIC	JUITE DE	PENDENI	CLAIN		+140=		OR	+280=	
							TOTAL ADDIT. FEE			TOTAL	
		(Column 1)		(Colum		(Column 3)	ADDI1.1 C.		, ,	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	BER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Q.	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AMI	Independent	* ENTATION OF MU	Minus	***	0	=	X42=		l	X84=	
	TINOT PRESE	INTATION OF MIC	ILTIPLE DEF	PENDENT	CLAIM				OR		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR L	+280=	
	t the "Highest Nui	mber Previously Pa Imber Previously Pa Inber Previously Paid	aid For" IN THI	IS SPACE is	less than	2 Antor "2 "	ADDIT. FEE		OR A	TOTAL DDIT. FEE	
			· ·	•	,		cana in the app	opriate box	III COIU	#HH 1.	